



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF ACCOUNTANCY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF DELAWARE-SPECIFIC ETHICS COURSE

Enter name and address of contact to whom the decision on this request should be mailed:

INSTRUCTIONS

File this form to request approval of a Delaware-specific ethics course. Submit the form ***no later than ten business days*** before the Board's meeting to the address above. Enclose the following:

- **Printout of the entire course packet**
- **Completed [DE Ethics Course Checklist](#)**
- **Check or money order for \$40 payable to "State of Delaware"**

Courses are approved through the end of the current two-year license period ending June 30 of odd years *unless* approved during the last four months of the license period. If approved in the last four months of the license period, the course approval will extend through the next two-year license period. Once approved, courses will be added to the Board's online [Approved Ethics Courses](#) list for the period approved.

For information on the CE requirements, see Section 11.0 of the Board's [Rules and Regulations](#).

REQUESTER COMPLETES THIS SECTION

Course Provider Name: _____

Are you an NASBA-approved provider? Yes ☐ No ☐ If yes, enter NASBA ID number: _____

Contact Person: _____ Phone: _____

Provider Address: _____
Street City State Zip code

Email Address: _____ Website URL: _____

Course Title: _____

Synchronous/Interactive/Live Training Yes ☐ No ☐ **or** Asynchronous/Self Study/Online Training Yes ☐ No ☐

If synchronous, provide course location: _____

Course Presenters: _____

Will a certificate of completion be awarded? Yes ☐ No ☐

Enter name of person(s) authorized to sign completion certificates: _____

Date(s) Offered: _____

BOARD OFFICE COMPLETES THIS SECTION

☐ **Approved for 4 hours of Delaware-specific ethics through the license period ending 6/30/20** _____

☐ Denied for the following reason: ☐ Not directly related to professional growth
☐ Other: _____

Signature: _____ Board Review Date: _____